2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90022 029 ****61.25

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1. Entity Name

TOPAZ OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
735 N HWY A1A INDIALANTIC FL 32903	735 N HWY A1A INDIALANTIC FL 32903

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIMING, DONALD K
735 N HWY A1A APT # 501
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Donald K. Liming — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE February 1, 2004

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARVIS, HERB 735 N HWY A1A APT # P-1 INDIALANTIC FL 32903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DONNA RICKER 735 N. HWY A1A APT 606 INDIALANTIC, FL. 32903	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DIRECTOR SCHWEFFERMAN, LOU 735 N HWY A1A APT # 406 INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT TOM BECKER 735 N. HWY A1A APT 405 INDIALANTIC, FL. 32903	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TREASURER LIMING, DONALD K 735 N HWY A1A APT # 501 INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MICHAEL IACOBACCI 735 N. HWY A1A APT 402 INDIALANTIC, FL. 32903	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DERUSSO, DOMINIC 735 N HWY A1A APT # 206 INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN WITTLER 735 N. HWY A1A APT 404 INDIALANTIC, FL. 32903	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAIKER, MICHAEL 735 N HWY A1A APT # 301 INDIALANTIC FL 32903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KEN LINDS 735 N. HWY A1A APT 305 INDIALANTIC, FL. 32903	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHER, RICHARD 735 N HWY A1A APT # 505 INDIALANTIC FL 32903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ALAN MARAMOTO 735 N. HWY A1A APT 601 INDIALANTIC, FL. 32903	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald K. Liming — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: February 1, 2004 — Daytime Phone #: 321-723-2473